



OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING (OEH&E)

Absentee Shawnee Tribe of Oklahoma

2025 S. Gordon Cooper Dr

Shawnee, OK 74801

Telephone (405) 214-4235---Fax (405) 878-4701

SANITATION FACILITIES ASSISTANCE APPLICATION

Eligibility Requirements are as follows:

1. Absentee Shawnee Tribe Certificate of Degree of Indian Blood (CDIB)
2. Must have certification of home and land ownership/control by verification of one of the following:
 - Owner (Copy of a filed stamped Warranty Deed)
 - Buying (Recorded Warranty Deed)
 - Lease (Notarized Lease Agreement; land must be Indian owned)
 - Heirship (Statement of Status)
 - Other (Explain)
3. Copy of Social Security Card

Notes: If the Indian Health Services or any Tribal OEH&E Programs under the Public Law 86-121 previously served your house within the past three (3) years, you may not be eligible for additional assistance.

If your home was built or purchased by the Absentee Shawnee Housing Authority through a Department of Housing and Urban Development (HUD) program and is still under housing authority management, it is not eligible.

RETURN OR MAIL APPLICATION AND ALL DOCUMENTATION TO:

OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING

c/o Absentee Shawnee Tribe

2025 South Gordon Cooper Drive

Shawnee, OK 74801

If you should have any question, please contact our office at the numbers listed above.

- ✓ All questions in this application must be answered. If a question is not applicable, write "N/A".
- ✓ This application is subject to the Privacy Act of 1974, P.L. 93-579.
- ✓ Read the certification carefully before you sign and date the application. All signatures must be in ink.



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SECTION A: APPLICANT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Tribe: _____ Roll#: _____ SSN: _____

Phone #: () _____ Message #: () _____

Date of Birth: _____ Elder (Age 55 or older): []

Marital Status: [] Married [] Single [] Widowed [] Other _____

Spouse Name: _____ Tribe: _____ Roll #: _____

Name of all permanent residents of the household:

NAME	DOB	M/F	TRIBE	ROLL #

(Please use the back of the sheet if more room is needed)

Does anyone in your home have any of the following?

[] A severe health problem [] Handicap [] Permanently disabled

If yes, please provide the name and a brief description of the person's health problem:

SECTION B: HOUSING/SITE INFORMATION

Which of the following home ownerships pertains to you:

☐ Own ☐ Buying ☐ Lease ☐ Other _____

Land Status: ☐ Tribal Trust ☐ Fee

Are you a participant in multiple ownership? ☐ Yes ☐ No

(If yes, provide names of all co-owners or attach co-owner list)

FIRST NAME	LAST NAME

Type of Home: (Check one)

- ☐ Brick Home
- ☐ Frame Home
- ☐ Manufactured Home
- ☐ Mobile Home
- ☐ New Home
- ☐ Like New Home
- ☐ Mutual Help Home
- ☐ Other (explain) _____

If your home is a Mutual Help Home, is the home paid off? ☐ Yes ☐ No

(Mutual Help homes not paid off are not eligible for assistance, until paid in full)

Number of Bedrooms _____ Approximate Square Feet _____

Have you received assistance through a Grant Program? _____

If yes, provide Grant name: _____

Do you have homeowners insurance? ☐ Yes ☐ No

If yes, provide name of Insurance Agency _____

Is your home considered the primary residence? ☐ Yes ☐ No

If no, please explain: _____

Do you have a place to stay, should you have to move out for renovations/construction?

☐ Yes ☐ No

SECTION C: SERVICES REQUESTED

Water Services:

☐ City ☐ Rural

☐ Water Well ☐ New ☐ Renovation

☐ Community Water ☐ New ☐ Renovation

Community System Name: _____

☐ Water Treatment System ☐ New ☐ Renovation

Type of existing water treatment system: _____

Description of water services: _____

Wastewater Services:

☐ City ☐ Rural

☐ Septic Tank/Drain Field ☐ New ☐ Renovation

☐ Lagoon ☐ New ☐ Renovation

☐ Community Sewer ☐ New ☐ Renovation

Community System Name: _____

Description of wastewater services: _____

Plumbing Services:

☐ New ☐ Renovation

Has the home been totally re-piped? ☐ Yes ☐ No

Does the home need to be totally re-piped? ☐ Yes ☐ No

Provide a brief description of plumbing problems, if any:

Have you received OEH assistance before? ☐ Yes ☐ No

If yes, provide brief description of services received:

Year services were received: _____

FINDING DIRECTIONS TO HOME

Finding Directions:

PLEASE DRAW MAP TO HOME

A large square box for drawing a map to home. The box is empty except for the cardinal direction labels: 'N' at the top center, 'S' at the bottom center, 'E' at the right center, and 'W' at the left center.

HOMEOWNERS RESPONSIBILITIES

The homeowner consents to obtain and provide copies of all easements necessary for construction, operation, and maintenance of required facilities to the Absentee Shawnee Tribe Office of Environmental Health & Engineering prior to construction. The homeowner grants permission for the Office of Environmental Health and Engineering and its representatives to enter upon across lands of the homeowner for the purpose of carrying out the project. The homeowner will assume responsibility for minor site clean up (e.g., settlement around installed facilities) after the system installation is complete and equipment has been removed from the site. The homeowner will assume responsibility for the maintenance and repair of the installed facilities, after the warranty has expired, so as to keep them in effective operating condition.

APPLICANT CERTIFICATION

I, _____, hereby certify and attest that the information provided within the text of this intake is true and correct to the best of my knowledge and belief. I understand that falsification of any information given herein may subject me to legal liabilities as many be appropriate. I understand that the information contained herein shall not be utilized or released in any form except as general statistical information by the Absentee Shawnee Tribe of Oklahoma.

APPLICANTS SIGNATURE: _____ **DATE:** _____

PRIVACY ACT STATEMENT

The Privacy Act of 1974 requires each Federal agency that maintains a system of information on individuals to inform those individuals as to:

1. The authority (whether granted by statute, or by Executive Order of the President) which authorizes the solicitation of information and whether the disclosure of such information is mandatory or voluntary
2. The principle purpose for which the information is intended to be used
3. The routine uses which may be made of the information, as published pursuant to CFR 25 Chapter 1 Subchapter X, Part 265
4. The effects on him or her, if any, of not providing all or any part of the requested information.

The Absentee Shawnee Tribe operates the Office of Environmental Health and Engineering under the auspices of the P.L. 93-638, as amended by the P.L. 100-472, and the regulations contained in 25 CFR 256. In accordance with accountability required for the administration of funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is required. The disclosure of such information of the part of the applicant is voluntary. Use of personal data will be available to authorized recipients of such data upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical information required of the Tribe. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining housing assistance under this program.

I have read the above statement and agree to provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

APPLICANT'S SIGNATURE: _____ **DATE:** _____